



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

TSUSHIMA et al.

Application Number: 10/758,115

Filed: January 16, 2004

For: INFORMATION PROCESSING SYSTEM

ATTORNEY DOCKET NO. HITA.0496

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) Art Unit 2152
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) Examiner:
) WHIPPLE, BRIAN P.
)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	25	25	8 (Over 20)	x \$52	0
Independent Claims	8	8	1 (Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0.00

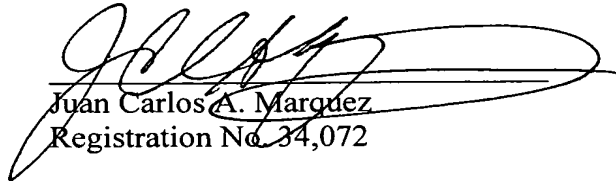
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|---|
| [x] Response to Office Action
(with Claim Amendments) | [] Petition for Extension of Time for ___ month |
| [] Substitute Specification | [] Substitute Abstract |
| [] Preliminary Amendment | [] Letter to Draftsperson with ___ sheets of
replacement drawings |
| [] Information Disclosure Statement
with Form 1449 | [] Request for Continued Examination |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$490.00** to cover the 2-month extension of time fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344



Juan Carlos A. Marquez
Registration No. 34,072

REED SMITH LLP
3110 Fairview Park Drive
Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
November 14, 2008



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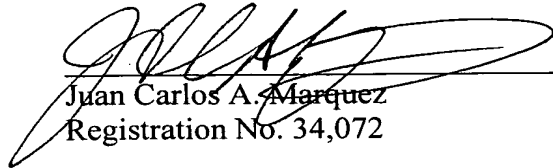
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